

SENATE CONSERVATIVES FUND

228 S. Washington St., Ste. 115

Alexandria

VA

22314

FEC ID No. C00448696

☒ 24-Hour Notice ☐ 48-Hour Notice

## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)  
SENATE CONSERVATIVES FUND

FEC IDENTIFICATION NUMBER

C C00448696

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

SENATE CONSERVATIVES FUND

Date

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 1 0

Amount

2218.50

Mailing Address

228 S. Washington St., Ste. 115

City

Alexandria

State

VA

Zip Code

22314

Purpose of Expenditure

IE-Buck-Email List  
UsageCategory/  
Type

003

Office Sought:

☐ House

State: CO

☒ Senate

District: 00

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2010☐ Other (specify) : \_\_\_\_\_

Transaction ID: SE.4417

Calendar Year-To-Date Per Election

156454.73

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

SENATE CONSERVATIVES FUND

Date

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 1 0

Amount

1361.10

Mailing Address

228 S. Washington St., Ste. 115

City

Alexandria

State

VA

Zip Code

22314

Purpose of Expenditure

IE-Buck-Online Proce-  
ssingCategory/  
Type

003

Office Sought:

☐ House

State: CO

☒ Senate

District: 00

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☒ Primary☐ General 2010☐ Other (specify) : \_\_\_\_\_

Transaction ID: SE.4420

Calendar Year-To-Date Per Election

157815.83

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures .....

3579.60

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

3579.60

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lisa Lisker

Signature

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 1 0